

ReceIPT  
#5



Please type a plus sign (+) inside this box → [+]

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/536,089
		Filing Date	March 24, 2000
		First Named Inventor	Xin WANG.
		Group Art Unit	2766
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	111325-57

RECEIVED  
NOV 23 2001  
Technology Center 2108

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input checked="" type="checkbox"/> Other: Request for Corrected Filing Receipt
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	<u>Marc S. Kaufman</u> Nixon Peabody LLP 8180 Greensboro Drive Suite 800 McLean, VA 22012
Signature	
Date	November 16, 2001

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:	
<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
Type or printed name	
Signature	Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

#6

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

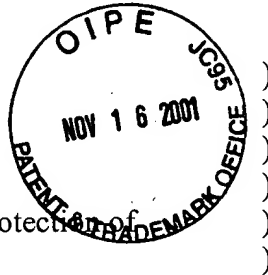
In re Patent Application of:

Xin WANG

Serial No. 09/536,089

Filed: March 24, 2000

For: System and Method for Protection of  
Digital Works



Group Art Unit: 2766-2136

RECEIVED  
NOV 23 2001  
Technology Center 2100

INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents  
Washington, DC 20231

Sir:

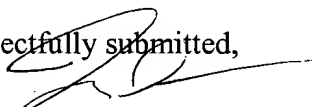
In accordance with the duty of disclosure as set forth in 37 C.F.R. §1.56, Applicants hereby submit the following information in conformance with 37 C.F.R. §§ 1.97 and 1.98. Pursuant to 37 C.F.R. § 1.98, a copy of each of the documents cited is enclosed.

The undersigned certifies that each item of information contained in this information disclosure statement was first cited in any communication from a foreign patent office, in connection with a counterpart foreign application not more than three (3) months prior to the filing of this statement.

It is requested that the accompanying information disclosure statement be considered and made of record in the above-captioned application. To assist the Examiner, the documents are listed on the attached form PTO-1449. It is respectfully requested that an Examiner initialed copy of this form be returned to the undersigned.

The Commissioner is hereby authorized to charge any fees connected with this filing which may be required now, or credit any overpayment to Deposit Account No. 19-2380.

Respectfully submitted,

  
\_\_\_\_\_  
Marc S. Kaufman  
Registration No. 35,212

NIXON PEABODY LLP  
8180 Greensboro Drive, Suite 800  
McLean, Virginia 22102  
Telephone: (703) 790-9110